

# YMCA Baseball Batting Clinic

*Learn baseball-batting skills from two-time  
World Series Champion Doug Mirabelli!*

Saturday, February 28<sup>th</sup>, 2009  
Sessions and Times

9:00 am – 9:55 am – 8-9 year olds  
10:00 am – 10:55 am – 10-11 year olds  
11:00 am – 11:55 am – 12-13 year olds  
12:00 noon – 12:55 pm – 14 and above

Open to boys and girls

Cost: \$20 for Y Members; \$25 for Non-Members  
(Must register by Wednesday, February 25<sup>th</sup> – no walk-ins.)



*In an eleven-year career, Mirabelli is a .231 hitter with 58 home runs and 206 RBI in 566 games. While with the Red Sox, he was well-known as the personal catcher for knuckleballer Tim Wakefield. He was part of the Red Sox' World Series Championship teams in 2004 and 2007.*



*This is not a TCAPS program*



Name \_\_\_\_\_ M/F Email \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Current Y Member? Y/N  
Father's Name \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Member Exp Date \_\_\_\_\_

**Liability Release, Sportsmanship Pledge, and Understanding of Mission:** I hereby assume all risks incidental to the above person's participation and waive, release, absolve, indemnify, and agree to hold blameless the Grand Traverse Bay YMCA, its organizers, volunteers, sponsors, and other participants for any claim arising out of injury to said person during such participation. I give my permission to the Grand Traverse Bay YMCA for this registrant to appear in photographs, videotapes, etc. associated with YMCA programs. PARENTS: Our staff is trained in child abuse prevention and all sign a code of conduct. Please report any suspicious activity immediately. *I will at all times display the YMCA values of honesty, respect, caring, and responsibility and encourage all players and coaches in a positive manner. I understand the Y mission in offering this program: to build strong kids, strong families, and strong communities.*

Signed \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Date received \_\_\_\_\_ Received by \_\_\_\_\_ Amount received \_\_\_\_\_  
Method of payment: cash check VISA/MC# \_\_\_\_\_ Expiration Date \_\_\_\_\_